

-3-

E.E.N.T.: Glaucoma, IOL, prosthesis (type & location Pharyngeal OS), current earache/discharge,
nasal congestion, sore throat, recent URI, voice change, other ⊖

Neurological: Headaches, tremors, seizures, vertigo, motor deficits ⊖, sensory
deficits ⊖, other ⊖

Infectious disease: Hepatitis, tuberculosis, AIDS, venereal disease ⊖,
other ⊖

Mental/Emotional: Anxiety, depression, insomnia, lethargy, hallucinations, disorientation, memory loss, other
⊖

Skin integrity: Lesions, scars, rashes, ecchymosis, decubiti, (describe and give location ⊖
⊖), other ⊖

Patient Profile:

A 39 yr. old male for pharyngeal
SC. OC 10/29. unremarkable med/surg Hx.

006023

MONTEFIORE MEDICAL CENTER
MOSES DIVISION
SAME DAY CARE CENTER

PRE PROCEDURE INSTRUCTIONS:
(circle appropriate)

900105770
SDCC-PP
CILASI, RONI
PO BOX 127
MILBURN, NJ
112-64-3264 MAYERS, MARTIN
M 030552

1. a. Adults: Nothing to eat or drink (not even water) after midnight, 10/28/91 (date).
b. Pediatrics: Nothing by mouth after 11 (time), (date).
2. a. A responsible adult must accompany you to and from the hospital.
b. Make arrangements to be with a responsible party for 24 hours after the procedure.
3. Children must have a parent or guardian accompany them to and from the hospital, and available on the Same Day Care Center at all times.
4. Wear casual clothing.
5. Do not wear jewelry, or bring valuables to the hospital.
6. Do not wear make-up or nail polish the day of the procedure.
7. Notify your physician, or the SDCC, if symptoms of a cold, fever, or any type of infection develop.
8. Please be prompt: Arrival time and date: we will call you Mon
9. The Same Day Care Center will notify you the day before the procedure, if any changes occur in your scheduled procedure time. If you will not be home, please contact the SDCC to confirm your procedure time.
10. Other instructions:

No Appear

If you have any questions, please contact the Same Day Care Center at 212-920-5596.

I understand the above instructions:

Patient/Guardian: X

Date: 10/23/91

Relationship to patient: self

[Signature]
Signature & Title

**MONTEFIORE MEDICAL CENTER
MOSES DIVISION
PRE AND POST PROCEDURE PHONE CALL**

Procedure: *[Signature]*

Date & Time: 10-29-91

Physician/Service: *[Signature]*

Status: (AMB. SDA)

Pre-Procedure Phone Call:

Date: 10-29-91 Time: 8:30 PM

Check off as completed.

1. Arrival and procedure time verification
2. NPO and medication instructions reviewed
3. No recent exposure to infections
4. Transportation/Accompanying Party
5. No change in state of health since assessment

Comments: Office - 430-2135 - kept 1-201-578-7697
new dir #

[Signature]
Signature & Title

Post Procedure Phone Call:

Date: 10/30/91 Time: 9:20

General Status Review:

Problems/Description

Activity	<u>2 PM N/A</u>
Nausea/Vomitting	<u>10/31 N/A</u>
Increased Temperature	<u>N/A</u>
Pain	
Operative Site	
Other	

Comments: _____

006025

Signature & Title

MONTEFIORE MEDICAL CENTER
MOSES DIVISION
SAME DAY CARE CENTER

Post Procedure Instructions
(Circle Appropriate)

8000-80
GILADI, RONI
PO BOX 127
HILBOURNE, NJ
112-64-3264 MAYERS, MARTIN

1. A responsible adult must accompany you home at discharge and be with you for 24 hour period.
2. Diet: Begin with liquids or light foods and progress slowly to your regular diet.
3. No alcoholic beverage (beer, wine, liquor) for 24 hours.
4. Do not drive, or operate any machinery or power-tools for 24 hours after procedure.
5. Do not make important legal or personal decisions for 24 hours after procedure.
6. If you have received general anesthesia, you may experience a sore throat for the first 24 hours. This is harmless and will disappear.
7. Analgesics or other medication may be ordered by your physician if he/she feels that it is necessary

Medication

Route & Dosage

instill 1 drop into left eye 4x daily

8. Resume your normal activities one day following procedure unless otherwise indicated.

A. Activity restrictions:

9. If any unusual bleeding; respiratory problems or acute pain occurs after discharge from the hospital, notify your physician immediately, or proceed to the Emergency Room of the nearest hospital.

Physician's Name & Phone #: *Dr. Mayers 920-7220*
MMC Emergency Room # *(212) 920-5731*

10. Follow up appointment made: *Dr. Mayers Tomorrow 11/28/91*
11. Other instruction (Specialized treatment, equipment, etc.)

Keep eye patch & shield on above 24 hours

12. The nursing staff of the Same Day Care Center will telephone you the day after surgery. This is a routine call to find out how you are doing.

Signature (patient/guardian)

(Relationship to pt.)

Date:

RN SIGNATURE

ACCOUNT NUMBER

SUMMARY SHEET

MEDICAL RECORDS NO.

ROOM

06488900003

MONTEFIORE MEDICAL CENTER - NEW YORK

900105770

RR

DISCHARGE DATE & TIME

ADMISSION DATE AND TIME

RE-ADM

12.12.91 07:54AM N

HENRY AND LUCY
MOSES DIVISIONHOSPITAL OF THE ALBERT
EINSTEIN COLLEGE OF
MEDICINE DIVISION

LOEB CENTER

PATIENT NAME (LAST, FIRST)

GILADI

RONI

SOCIAL SECURITY NO.

112643264

DATE OF BIRTH

03/05/52

BIRTH PLACE

ISRAEL

SEX

M D

REL.

H

AGE

39

LEGAL ADDRESS

POB 127

CITY

MILBOURNE

ST.

NJ

ZIP CODE

07041

TELEPHONE # 1

201.736-7735

TELEPHONE # 2

IN CARE OF

FATHER'S NAME

MOTHER'S MAIDEN NAME

NEAREST RELATIVE'S NAME

GILADI

YAKOV

PERSON TO BE NOTIFIED # 1

GILADI

YAKOV

PERSON TO BE NOTIFIED # 2

ADDRESS

24 MCDOLNARD ST

ADDRESS

24 MCDOLNARD ST

ADDRESS

CITY

NATHANY ISRAEL

ST.

ZIP CODE

RELAT.

B

CITY

NATHANY ISRAEL

ST.

ZIP CODE

RELAT.

B

CITY

ST.

ZIP CODE

RELAT.

TELEPHONE # 1

011 972-5334

TELEPHONE # 2

TELEPHONE # 1

011 972-5334

TELEPHONE # 2

TELEPHONE # 1

TELEPHONE # 2

PREVIOUS HOSPITAL ADMISSION

DATE:

PLACE:

AS 10/29/04 (R)

PAT/PHYS. REL.

P

SERVICE

PLS

ADMIT SOURCE

PMD

TYPE

EI

ADMITTING DIAGNOSIS

COMPRESSION ULNA NERVE LEFT ELBOW & WRIST. MEDIAN NERVE LT. WRIST

PHYSICIAN(S) OF RECORD

STRAUCH B

PATIENT OCCUPATION

PATIENT'S EMPLOYER

EINSTEIN HOSPITAL

ADDRESS

CITY

ST.

ZIP CODE

TELEPHONE #

212 430-2135

INSURANCE

COVERAGE

112643264

SELF

DISCHARGE DATA

TYPE OF DISCHARGE

☒ REGULAR☐ AGAINST ADVICE☐ TRANSFERRED☐ DIED☐ UNDER 48 HRS.☐ OVER 48 HRS.

DISCHARGE WHERE?

AUTOPSY

☐ YES ☐ NO

ME CASE

☐ YES ☐ NOFOR MEDICAL
RECORDS USE
ONLY

PRINCIPAL DIAGNOSIS:

CO-MORBIDITY OR COMPLICATING CONDITIONS:

DRUG SENSITIVITIES AND/OR ALLERGIES
SPECIFY DRUG(S)

ATTACH TO FACE SHEET and CHART/JACKET

NR 7774

CONCURRENT DISEASES (INCLUDE PSYCHOLOGICAL AND/OR BIOCHEMICAL DISTURBANCES):

MAJOR SURGICAL DIAGNOSTIC PROCEDURES (INCLUDE BIOPSIES, ANGIOGRAMS, CARDIAC CATHETERIZATION, ETC...):

OTHER SURGICAL PROCEDURES:

OPERATIVE REPORT DICTATED

DISCHARGE SUMMARY DICTATED

PHYSICIAN'S SIGNATURE

M.D.

MR-672 Rev. 6/86

Montefiore Medical Center
Henry and Lucy Moses Division
Diagnoses/Procedures
Summary Sheet

Must be Signed by Attending Physician
Prior to Discharge of Patient

M.R. No.:

Name:

Age:

900105770

RR G SADI, RONI
POB 127 HILBOURNE NJ07041
P 8 S P R H PLS
1126 3 26 4 H39 H 011-972-5334
Service: 0003 8121291
Handwritten, List Patient's Name, M.R. #,
Age and Sex.)

PRINCIPAL DIAGNOSIS: That condition which, after study, is determined to be the reason for this admission:

Ulnar nerve compression @ elbow

OTHER DIAGNOSES: (Include all complications and comorbidities.)

Med. Nerve compression @ wrist
Ulnar Nerve " @ wrist

PROCEDURES:

Neurolysis of ulnar nerve at elbow
" " " " " wrist
" " median " at wrist

(For additional diagnoses and procedures, please see reverse side.)

I certify that the narrative description of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

Signature of Responsible Physician

Date

12/13/91

006028

OPERID: JERMI MEDICAL RECORDS ABSTRACT SUMMARY 12/16/91 22:12
TERMID: UCFPT38 MOSES

LAST: GILADI FIRST: RONI MI: SEX: M AGE: 039 DOB: 03/05/52
ACCOUNT NO: 06443890 - 0003 MED REC NO: 900105770 SOC SEC NO: 112-64-3264
ADMIT DATE: 12/12/91 DISCHARGE DATE: 12/13/91 DISCHARGE STATUS: 1 REG

DIAGNOSIS: PRINCIPAL 3541 MEDIAN NERVE LESION NEC
(02) 3542 ULNAR NERVE LESION

PROCEDURE: PRINCIPAL 0443 CARPAL TUNNEL RELEASE
(02) 0449 PER NERVE ADHESIOLYS NEC

DRG: 006 WEIGHT: 00.5412
CARPAL TUNNEL RELEASE
MPR: 0443 ADX: SDX: CCDX: MDC: 01

006029

DISCHARGE SUMMARY

12/13/91

900105770

BRIEF HISTORY / REASON FOR ADMISSION

39 y/o ♂ E med nerve

comp C wrist ulnar

nerve comp C wrist + elbow

N78787A ALLAD, RONI
 PDB 278115006 NE NJ07041
 P R STRAUCH PLS
 112543264 H39 H 011-972-5334
 05443890 00038121291

PERTINENT PHYSICAL EXAMINATION FINDINGS

hypertrophic ulnar / med nerve dist E
 weakness

PERTINENT LABORATORY, X-RAY AND PATHOLOGICAL FINDINGS

WNL

HOSPITAL COURSE AND THERAPY

The pt was admitted OR 12/12 PO
 course unremarkable

DIAGNOSES

1. B right nerve comp
2. C ulnar nerve comp C
3. wrist / elbow
- 4.
- 5.
- 6.

OPERATIONS AND / OR PROCEDURES (INCLUDE DATES)

1. Scarpas + Decompr of
2. ulnar nerve C elbow
3. Decompr ulnar nerve C wrist
4. Decompr med nerve C wrist

DISCHARGE MEDICATIONS (DOSAGE AND DURATION)

1. Tylenol
- 2.
- 3.
- 4.
- 5.
- 6.

LIMITATIONS OF ACTIVITY

Strong / Elev LVE

DIET

Reg

CONDITION ON DISCHARGE (MUST BE RELATED TO REASON FOR ADMISSION)

PLANS FOR FUTURE CARE

☐ Transfer To:☐ O.P.D.

DATE

☐ Private M.D.

NAME OF INSTITUTION

☐ Other

PHYSICIAN-PRINTED NAME

, M.D.

TRAINING LEVEL

PHYSICIAN-SIGNATURE

, M.D.

006030 DATE

MD362M (REV 8/90)

CLINICAL RESUME

PREANESTHESIA

ASSESSMENT
RECORDBMHC ☐ WHAECOM ☐ MONTE ☒ NCB ☐

DIAGNOSIS <i>Quilva (anterior nerve)</i>		DATE <i>12/12/91</i>
PROPOSED OPERATION <i>Neurolysis Quilva nerve roots</i>		SCHEDULED FOR DATE <i>12/12/91</i>
SURGEON OF RECORD <i>Dr. Strauch</i>		TIME
SPECIAL REQUIREMENTS		
HISTORY: AGE <i>39</i> SEX <i>M</i> LAST P.O. <i>11 PM 12/11/91</i>		
CARDIOVASCULAR <i>ECG EMI ECGAD</i>		
PULMONARY <i>ETOH E SOS</i>		
EXERCISE TOLERANCE <i>8000</i>		
DIABETES <input type="checkbox"/>	HYPERTENSION <input type="checkbox"/>	SEIZURES <input type="checkbox"/>
RENAL <input type="checkbox"/>	HEPATITIS <input type="checkbox"/>	LMP
BLEEDING DISORDERS <input type="checkbox"/>		RECENT URI <input type="checkbox"/>
OTHER <i>at 29 Rem of Pyrimin Oxyg local</i>		
PRIOR SURGERY/ANESTHESIA <i>4/87 (6) Meclon - Derm Repe - GA E</i> <i>pt had neww as embolism difficult speaking 3d</i>		
ALLERGIES <i>NKDA</i>		

SMOKING: ☐DRINKING: ☐DRUGS: ☐

T <i>97.8</i>		P <i>76</i>	R <i>20</i>	BP <i>130/80</i>	WT <i>190</i>	HT <i>5'11"</i>
AIRWAY <i>Clear</i>		TEETH: <i>Good</i>				
HEART <i>Normal</i>						
LUNGS <i>Clear</i>						
OTHER						
LABORATORY	Hb	<i>14.7</i>	Hct	<i>42.7</i>	SMA6/12	<i>144/109 16/0.8</i>
	EKG					<i>4.5/26 9.11 9.6</i>
	CHEST X-RAY					<i>WIR 1025/5</i>
	OTHERS	<i>WBC 5</i>				<i>JDR NR</i>

DISCUSSION AND PLAN

39 y/o W M 5'11" PMW
BA discussed & pt risks & benefits
discussed & accepts & understands

PREOPERATIVE MEDICATIONS		DOSE	ROUTE	TIME
1.	<i>NPO</i>			
2.	<i>Valium</i>	<i>10 mg</i>	<i>PO</i>	<i>1 hr prior to op</i>
3.				

DATE: *12/12/91* RESIDENT PHYSICIAN: *V. [Signature]* 006031 ATTENDING PHYSICIAN: *Dr. [Signature]* 08:00
 TIME: *12/12/91*

000000

900105770

SEC. 101.501
 POLICE RECORDS NJ07041
 3. STRACH PLS
 112-64-3264 39 M 03/05/52
 06443890 0004 12/09/91

DRUG

DOSE

Polyspasm exp control
OS NO

ANESTHESIOLOGY

MONTEFIORE MEDICAL CENTER
AND
THE HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF
MEDICINE

PATIENT PROGRESS
OBSERVATION RECORD

EVERY ENTRY MUST BE DATED & SIGNED

900105770

DR. CHASE, RONI
108127 MILEBOURNE NJ 07041
P. B. STRAUCH, PLS
12643264 H39 B 011-972-5334
06443890 0003 9131291

If no plate, patient's name, adm. no., sex & Doctor

DATE: 12/12	SHORT OPERATIVE NOTE
SURGICAL ATTENDING (S): STRAUCH	
SURGICAL RESIDENT (S): STRAUCH / R. STRAUCH	
PRE OP DIAGNOSIS: Compression ulnar n. (L) elbow + wrist, Median n. compression wrist	
ANESTHESIA: G-TA	
POSITION: Supine	
INCISION: (L) elbow (L) wrist	
PROCEDURE: Neurolysis (L) ulnar n. left elbow, Neurolysis ulnar n. (L) wrist, median n. (L) wrist	
FINDINGS:	
CLOSURE:	
COMPLICATIONS:	
DRAIN (S):	
POST OP DIAGNOSIS (S): Compression ulnar n. (L) elbow + wrist, Compression Median n. wrist	
FLUIDS GIVEN:	

006032

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

**PATIENT PROGRESS
OBSERVATION RECORD**

SDCC-SB

900105770

GILADI, RONI

POB: 127 HILECOURHE NJ 07041

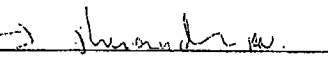
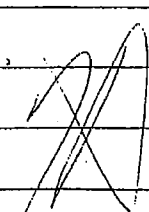
D. STRAUCH PLS

112-64-3264 39 N 03/05/52

06443890 0004 12/09/91

If no plate, patients's name, adm. no., sex & Doctor

EVERY ENTRY MUST BE DATED & SIGNED

DATE	OBSERVATION
12/12/91	W256:
3 ³⁰ P	<p>Q: Pt. received AAO x3. for no acute respiratory distress. T: VSS. (U) arm & neck dry and intact. (U) arm & good NVS, and good capillary refill, mobile. (U) arm kept elevated at all time. inc. use of respirex, able to raise up to level 4. Voiding in bathroom. B: Pain & relief after taking Percoset. Denies CP, SOB, palpitations th. </p>
12/12	PLAS
7 ^{PM}	<p>POSP OP / VSS afebrile no complaints finger warm sensation as per prep. will P pan net</p> 

OD-1153 REV. 5/85

MONTEFIORE MEDICAL CENTER
HENRY L. and LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF
THE ALBERT EINSTEIN COLLEGE OF MEDICINE

CONSENT FORM

(to be signed by patient wherever applicable)

900105770
 SECC-RB
 CILADI, RONI
 POB 127 ALBOURNE NJ 07041
 B. STRAUCH
 112-64-3264 39 H 03/05/52
 06443890 0004 12/09/91

PATIENT'S NAME

Date 10/11, 19 91

Time _____ A.M./P.M.

I. PERMISSION FOR OPERATIVE AND/OR DIAGNOSTIC PROCEDURE AND/OR TREATMENT

1. I hereby authorize Dr. Strach or associates or assistants of his/her choice at Montefiore Medical Center to perform upon me/the named above patient the following operation(s) and/or procedure(s)

PLEASE PRINT OR TYPE

Neurolysis & Transposition ulna nerve @ elbow
Neurolysis ulna nerve left wrist Neurolysis Median nerve @ wrist

☒ (Check if applicable) - including such photographing, videotaping, televising, or other observation of the operation(s) /procedure(s) as may be purposeful for the advance of medical knowledge and/or education, with the understanding that my/the patient's identity remain anonymous and all photographs and videotapes remain the property of Montefiore.

2. Dr. Strach has fully explained to me the nature and purposes of the operation/procedure and has also informed me of expected benefits and complications (from known and unknown causes), attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment, including no treatment. I have been given opportunity to ask questions, and all my questions have been answered fully and satisfactorily.
3. It has been explained to me that during the course of an operation unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) set forth in paragraph 1. I therefore authorize and request that the above named surgeon, his associates and/or assistants perform such related surgical procedures and administer whatever is necessary and desirable in the exercise of their professional judgement.
4. I have been informed that there are other risks, hazards, complications, and consequences that are attendant to the performance of any surgical procedure. I acknowledge that no guarantees or assurances have been made to me concerning the results of the above operation, treatment(s) or procedure(s).
5. I further consent to the administration of such anesthesia and/or blood transfusions as may be considered necessary. I recognize that there are always risks to life and health associated with anesthesia and blood transfusions and such risks have been explained to me.
6. I further consent to disposal by hospital authorities, or possible use for research purpose, in accordance with its accustomed practice, of any tissues or parts which may be removed.
7. I confirm that I have read and fully understand the above and that all the blank spaces have been completed prior to my signing. I have crossed out any paragraphs above which do not pertain to me.

Interpreter
if required

SIGNATURE

PRINT NAME AND ADDRESS

Witness

SIGNATURE

PRINT NAME

Patient/Relative or
Guardian

SIGNATURE

PRINT NAME

RELATIONSHIP IF SIGNED BY PERSON OTHER THAN PATIENT

DATE

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the proposed procedure/operation, have offered to answer any questions and have fully answered such questions. I believe that the patient/relative/guardian fully understand what I have explained and answered.

Physician

REMARKS:

SIGNATURE

PRINT NAME

DATE

006034

MONTEFIORE MEDICAL CENTER
MOSES DIVISION
DEPARTMENT OF NURSING

PRE-OPERATIVE CHECKLIST/PROGRESS NOTE

Operation scheduled for:

Procedure:

SDCC-RB

900105770

GILADI, RONI

PCB127MILBOURNE NJ07041

B. STRAUCH PLS

112-64-3264 39 M 03/05/52

06443890 0004 12/09/91

I. CHART PREPARATION

	Initial
	YES N/A
Consent in chart (including special consents)	<input checked="" type="checkbox"/>
Chart is addressoplated	<input checked="" type="checkbox"/>
Addressoplate with chart	<input checked="" type="checkbox"/>
Allergies indicated	<input checked="" type="checkbox"/>
Doctor's Order Sheets in chart	<input checked="" type="checkbox"/>
Medication Sheets in chart	<input checked="" type="checkbox"/>
Current Graphic Sheet in chart	<input checked="" type="checkbox"/>
Preoperative medication ordered	<input checked="" type="checkbox"/>

II. RESULTS IN CHART

	Initial
	Y N N/A
Prottime	<input checked="" type="checkbox"/>
CBC with platelets	<input checked="" type="checkbox"/>
Chemistry	<input checked="" type="checkbox"/>
Urinalysis	<input checked="" type="checkbox"/>
EKG	<input checked="" type="checkbox"/>
Chest x-ray	<input checked="" type="checkbox"/>
Type & Cross/Hold	<input checked="" type="checkbox"/>

Unit Secretary signature

print name

Unit Secretary signature

print name

III. PATIENT PREPARATION

	YES	N/A
Consent completed: dated, signed and witnessed (including special consents)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Enema given (if ordered)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N.P.O. from (time)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preoperative teaching done	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preoperative bath or shower given	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preoperative steroids given	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preoperative antibiotics given	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preoperative medication given	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other preoperative medication given	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Valuables secured	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Jewelry (including wedding ring), cosmetics, nail polish, hair pins removed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Legible, correct identification band on patient	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Presence of capped teeth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prosthesis removed (dentures, bridges, hearing aid, contact lenses, wig/toupee, other)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Voided on call / Foley in place	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Operative area prepared by:

Operative area inspected by:

signature/title

print name

signature/title

print name

IV. SPECIAL PATIENT NEEDS e.g., blind; deaf; confused; disoriented; IV to be started by Anesthesia; other

CONTAGIOUS DISEASE

Y

N

V. ASPIRIN Has patient taken any medications containing aspirin within the past 7 days?

Y

N

If yes, has M.D. been notified? Y N

M.D. name:

VI. 728 P: 76 R: 70 BP: 130 WT: 170 HEIGHT: 5 TIME: 830

VII. NURSING NOTE

Checked by Unit Nurse:

Checked by O.R. Nurse:

signature/title

date

signature/title

date

01501006

FRSILLI, ROMI

1. DATE 12/2/91		2. TIME PT. IN ROOM 0920		3. TRANSPORTED VIA STRETCHER		4. BED		5. CRIB		6. ISOLETTE		7. OTHER	
4. PRE-OP DIAGNOSIS Compression ulna. nerve left elbow and medial nerve left wrist													
5. PRE-OP CHECK LIST				6. PT. IDENTIFICATION				7. SPECIAL NEEDS OF PATIENT					
<input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE				<input checked="" type="checkbox"/> PATIENT EMERGENCY <input type="checkbox"/> CHART				<input type="checkbox"/> BLIND <input type="checkbox"/> GLASSES <input type="checkbox"/> OTHER					
8. TRANSFER TO O.R. 910				9. LEVEL OF RESPONSIVENESS				10. ALLERGIES					
<input checked="" type="checkbox"/> ASSISTANCE <input type="checkbox"/> TOTAL ASSISTANCE <input type="checkbox"/> OTHER				<input type="checkbox"/> ALERT <input type="checkbox"/> ASLEEP <input type="checkbox"/> DROWSY <input type="checkbox"/> OTHER				<input type="checkbox"/> MEDS <input type="checkbox"/> ADHESIVE TAPE <input type="checkbox"/> IODINE <input type="checkbox"/> OTHER					
11. BEHAVIOR Quiet													
12. PRE-OP N/A													
13. POST-OP None													
14. ANESTHESIA				15. AGENT				16. AGENT					
<input checked="" type="checkbox"/> GENERAL				<input checked="" type="checkbox"/> MASK <input type="checkbox"/> ENDOTRACHEAL <input type="checkbox"/> OTHER				N/A					
<input type="checkbox"/> REGIONAL				<input type="checkbox"/> EPIDURAL <input type="checkbox"/> SPINAL <input type="checkbox"/> LOCAL				TOTAL CC					
<input type="checkbox"/> STANDBY				<input type="checkbox"/> BLOCK <input type="checkbox"/> AXILLARY <input type="checkbox"/> RT <input type="checkbox"/> LT				17. SURGICAL PREP. and Suture					
<input type="checkbox"/> MONITOR ELECTRODES				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES (SEE MED SHEET) <input type="checkbox"/> NO					
18. MONITOR ELECTRODES				19. LOCATION				20. LOCATION					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				RA LA left chest				TOTAL CC					
21. ELECTROSTIMULANT UNIT				22. LOCATION				23. CONTROL #					
<input type="checkbox"/> YES <input type="checkbox"/> NO				Rt				H 13634					
24. INTRACARDIOVASCULAR				25. SITE				26. CATH/NEEDLE					
<input type="checkbox"/> PERIPHERAL				<input checked="" type="checkbox"/> R+ hand				Angio					
<input type="checkbox"/> PERIPHERAL													
<input type="checkbox"/> CVP													
<input type="checkbox"/> ARTERIAL													
<input type="checkbox"/> ATRIAL - LINE													
<input type="checkbox"/> SWAN GANZ													
<input type="checkbox"/> INTRA BALLOON													
<input type="checkbox"/> AORTIC													
27. NASAL GASTRIC TUBE				28. TYPE				29. PERFORMED BY					
<input type="checkbox"/> YES <input type="checkbox"/> TO O.R. <input type="checkbox"/> NO				Rt				H 13634					
30. OPEN TO DRAINAGE				31. IN PLACE LEAVING O.R.				32. TYPE					
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> INSERTED <input type="checkbox"/> BY				33. AMT.				34. COLOR					
<input type="checkbox"/> REMOVED													
35. PT. VOIDED IN O.R.				36. TIME				37. COLOR					
<input type="checkbox"/> YES <input type="checkbox"/> NO													

RECORD

BRONX, NEW YORK 10461
(212) 430-5000BRONX, NEW YORK 10461
(212) 304-2000BRONX, NEW YORK 10461
(212) 515-5000BRONX, NEW YORK 10467
(212) 820-5512

PREMEDICATION	AT	BP 130/80	HT 97.8	P 74	R 20
Valium 10mg PO		WT 190 lb	5' 11"	TEETH	
DATE OF 12/12/91		HB/HCT 14.7/42.7	Caps ↑ Front		
LAST P.O. >	SURGERY START 9:55	END 10:50	ANESTHESIA START 9:25		
SUMMARY OF PERTINENT FINDINGS					

NKDA

INSH: - Exc. Pyrexia & repair recently
History of Difficult Intubation &
Repair of Median Nerve 1987
Meds: Polysporin to Eyes
ASA 1 2 3 4 5 E OPERATION PROPOSED

AGE 39 D.O.B.

AGENTS ☒ O₂ ☒ N₂O ☐ HALO ☐ ENF ☒ ISO ☐ NM BLK ☐ OPIOID ☐ BARB ☐ KET ☐ BENZODIAZ ☐
☐ TETRA ☐ CP ☐ LIDO ☐ BUPIV ☐ EPI ☐ PATIENT/CHART REVIEWED ☐ ANESTHESIA EQUIPMENT CHECKED ☐ PT. I.D.

TOTAL AGENTS

N₂O O₂ ISO
SCCO₂ 125
Drop 125
Fent 125
Succinyl - 34
DTC - 34
Sux - 100mg

FLUIDS TOTAL IN

LRD
LR
NS al

Total - 850

ALB

HETA

PRBC

FFP

PLT

TECHNIQUE TUBE SIZE

MASK

ORO

NASO

OSTOMY

REGIONAL

NEEDLE SIZE

SPINAL

EPIDURAL

NERVE BLOCK

MAC

REGION

INTRA-ABDOMINAL

INTRA-THORACIC

INTRA-CRANIAL NEURO

EXTREM

OTHERS

TRANSFER TO ICU

AWAKE

REFLEXES

UCS

TOTAL OUT

EBL

URINE

☐ VENT ☐ PRECORD ST ☐ ESOPH ST ☐ BLD. GAS ☐ O₂ MON ☐ COXIMETER ☐ ET CO ☐ ET AGENT ☐ ECG ☐ CVP ☐ ART. LINE ☐ P.A. CATH ☐ TEMP ☐ BLOOD WARM ☐ BLANKET
☐ NERVE BLOCK STIM ☐ EEG ☐ HUMID ☒ Auto B/P Pump

FF. I.D. is holding I.V. started then #20 Angio (R) hand.
To O.R. Membrane placed. I.V. induction.
Atraumatic Oro Tracheal intubation #20
9:50 Eye pads placed eyes.
TA Total 54 mm

008037

OPERATION PERFORMED Decompression of
Ulna & Elbow & Median at Wri
OPERATIVE DIAGNOSIS Compression at
Elbow Ulna Nerve & Median at Wri
SURGEONS

Dr. B. Strauch
ANESTHESIOLOGISTS/ANESTHETISTS
Dr. Nagashima/M. Mason
SIGNATURE OF ATTENDING

SIGNATURE OF RESIDENT/CRNA

M. Mason

FORM RR 3200 M

POST-ANESTHESIA CARE UNIT

MOSES

LOCATION: *PACU*DATE: *12/11/94*GENERAL ☐ NARCOTIC ☐ KETAMINE ☐
REGIONAL ☐ NERVE BLOCK ☐

OPERATION:

*Spinal Decompression of lumbar spine, El Paso***Medial Wound Discharged by Dr. Nagasaka*

ADMITTED

AM/PM

11:50/AM

DISCHARGED

C 12:45 PM

CILADI, RONI

12741 LEBLANC RD NJ 07041

STRAUC

011-972-5334

040294 00030121291

OR

PACU

TOTAL

N787A

CODE FOR IV

HCT

PACU

SCORE

0/A 15 30 45 60 00

CONSCIOUSNESS

FULL AWAKE = 2

AROUSABLE = 1

UNRESPONSIVE = 0

RESPIRATION

BREATHES DEEPLY = 2

MAINTAINS AIRWAY = 1

APNEIC = 0

ACTIVITY

PURPOSEFUL = 2

PURPOSELESS = 1

MOTIONLESS = 0

COLOR

NORMAL = 2

PALE, DUSKY = 1

CYANOTIC = 0

BP CIRCULATION

BP \pm 20%

= PRE-OP 2

BP \pm 20%-50%

= PRE-OP 1

BP \pm 50%

= PRE-OP 0

CLASSIFICATION

(PLEASE CIRCLE)

1 2 3 4 5

REMARKS:

MEDICATION

DOSE

ROUTE

FREQ.

NURSE'S INITIALS

1. *MSO4**4mg**IVP**X1**8/10/94*

MEDS ADDED TO I.V.

NURSES REMARKS:

NURSES SIGNATURE & TITLE

Admission to verbal. lying supine to 30°. Lungs clear & deep, regular resp. (Lungs are wrapped). Arm elevated on 3 pillows. All 5 fingers exposed. All 5 fingers & good movement. Good + cap. refill. Pink color + warm. 114° - C/O (Arm pain + medicated w/ MSO4 4mg IVP per Dr. Delamater/Arnes). BP - Regent to relief w/ - Benadryl 12mg. Pt. is awake & alert. V/S stable. (One elevated on several pillows) Fingers are pink, warm, & good capillary refill. Clotting. Accurate & significant.

006038

Montefiore Medical Center

BRONX, NEW YORK 10467

NAME GILADI, RONI NURSING UNIT S.S. NO 00 10 5770

DATE OF OPERATION 12/12/91 SURGEON DR. B. STRAUCH

ASSISTANTS DR. H. STERMAN

PRE-OPERATIVE DIAGNOSIS COMPRESSION OF ULNAR NERVE AT LEFT ELBOW
AND WRIST; LEFT MEDIAN NERVE COMPRESSION AT WRIST

POST-OPERATIVE DIAGNOSIS SAME

OPERATION 1. TRANSPOSITION OF ULNAR NERVE AT ELBOW;
2. GUYON'S CANAL RELEASE; 3. MEDIAN NERVE DECOMPRESSION;
4. EXTERNAL NEUROLYSIS; 5. APPLICATION OF SPLINT

DESCRIPTION (findings, techniques, incision, sutures and drainage)

ANESTHESIA: GENERAL ENDOTRACHEAL ANESTHESIA.

POSITION: Supine.

INDICATIONS FOR PROCEDURE: This is a thirty-nine year old male who developed symptoms of ulnar and median nerve compression and electrophysiologic studies which demonstrated compression of the ulnar nerve at the elbow as well as median nerve compression at the wrist. The patient was explained the risks and benefits of the proposed procedure and agreed.

DESCRIPTION OF OPERATION: The patient was brought into the Operating Room, placed on the table in supine position. After general endotracheal anesthesia was performed, the left upper arm had the tourniquet and padding placed in the usual fashion. Tourniquet pressure was set as was the tourniquet time. Tourniquet pressure was 250 mm of mercury. The left arm was then prepped and draped in the usual sterile fashion and the hand was then exsanguinated using the Esmarch. After exsanguinating the arm, the tourniquet was inflated.

An incision was made over the ulnar nerve at the level of the elbow and the skin flaps were then elevate exposing the ulnar nerve. The ulnar nerve was then identified and lay within the ulnar groove. The ulnar nerve was then dissected free of the surrounding tissue proximally and distally until the level of the branches below the elbow to the muscles were identified. The ulnar nerve was then freed up from its groove and was then rotated medially over beyond the medial epicondyle of the elbow. This was then tacked in position with a Vicryl suture. The wound was irrigated out and the

continued

006039

M.D.

DATE DICTATED:

DATE TRANSCRIBED:

MR-656

Montefiore Medical Center

BRONX, NEW YORK 10467

NAME	GILADI, RONT	NURSING UNIT	S.S. NO. 900 10 5770
DATE OF OPERATION	12/12/91	DR. B. STRAUCH	
ASSISTANTS	DR. H. STERMAN		
PRE-OPERATIVE DIAGNOSIS	COMPRESSION OF ULNAR NERVE AT LEFT ELBOW AND WRIST; LEFT MEDIAN NERVE COMPRESSION AT WRIST		
POST-OPERATIVE DIAGNOSIS	SAME		
OPERATION	1. TRANSPOSITION OF ULNAR NERVE AT ELBOW; 2. GUYON'S CANAL RELEASE; 3. MEDIAN NERVE DECOMPRESSION 4. EXTERNAL NEUROLYSIS; 4. APPLICATION OF SPLINT		

DESCRIPTION (findings, techniques, incision, sutures and drainage)

PAGE 2

skin was closed with interrupted Vicryl sutures after the neurolysis and the transposition of the ulnar nerve was performed. Skin was closed with interrupted nylon sutures.

Attention was then turned to the wrist. An incision was made in the wrist in a zig-zag fashion between the position of the median nerve and the Guyon's canal. This was carried down through the subcutaneous tissue through the transverse carpal ligaments and Guyon's canal and the ulnar nerve and ulnar artery were identified. The Guyon's canal was then released with care not to damage the ulnar nerve or artery. The transverse carpal ligament was then transected and the fascia was also opened with scalpel. The median nerve was identified and a median nerve decompression was then performed proximally and distally up to the level of the carpal arch. Care was performed to avoid damaging the ulnar and median palmar nerves. The median nerve appeared to have a narrowing and thickening of the perineural fibers. An external neurolysis was then performed under magnification using the microsurgical instruments. This was done until pouting fascicles could be identified. The wound was irrigated out.

The skin was then closed with interrupted 5-0 nylon sutures. The elbow wound and the wrist wound were then dressed with Xeroform followed by moist gauze, dry gauze, parachutes and Kerlix. A splint was then applied putting the wrist in neutral position and the elbow in flexion. Sufficient padding was placed to prevent any pressure sores.

continued

006040

M.D.

DATE DICTATED:

DATE TRANSCRIBED:

MR-656

Montefiore Medical Center

BRONX, NEW YORK 10467

NAME	GILADI, RONI	NURSING UNIT	S.S.NO. 900 10 5770
DATE OF OPERATION	12/12/91	DR. B. STRAUCH	
ASSISTANTS	DR. H. STERMAN		
PRE-OPERATIVE DIAGNOSIS	COMPRESSION OF ULNAR NERVE AT LEFT ELBOW AND WRIST; LEFT MEDIAN NERVE COMPRESSION AT WRIST		
POST-OPERATIVE DIAGNOSIS	SAME		
OPERATION	1. TRANSPOSITION OF ULNAR NERVE AT THE ELBOW; 2. GUYON'S CANAL RELEASE; 3. MEDIAN NERVE DECOMPRESSION; 4. EXTERNAL NEUROLYSIS; 5. APPLICATION OF SPLINT.		

DESCRIPTION (findings, techniques, incision, sutures and drainage)

PAGE 3

The patient tolerated the procedure well. The tourniquet was then deflated.

Total tourniquet time: Fifty-two minutes.

Good capillary refill was noted in all the digits at the conclusion of the case.

HS/HTS/ps

D: 12/31/91

T: 1/3/92

TAPE 450

B. Strauch, M. D.

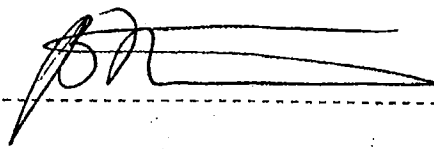
cc: Dr. Strauch

Dr. Sterman

Dr. Irizarry

Chart.

006041



M.D.

DATE DICTATED:

DATE TRANSCRIBED:

MONTEFIORE MEDICAL CENTER

The University Hospital
for the Albert Einstein
College of Medicine
Henry and Lucy Moses Division

111 East 210th Street
Bronx, New York 10467-2490
718-

MONTEFIORE

MONTEFIORE MEDICAL CENTER
111 EAST 210TH STREET, BRONX, NEW YORK 10467
IMMUNODIAGNOSTIC LAB

SDCC-RB

900105770

GILADI, RONI

POB127 MILBOURNE NJ 07041

H. MAYERS, OPH

12-64-3264 39 M 03/05/52

06443890 0005 10/29/91

CODE	ASSAY	RESULT
104	ASLO-STREPTOZME	
102	RHEUMATOID FACTOR (LATEX)	
108	ANF (ANA)	
109	ANTI-DNA AB	
134	ANTI-ENA (SM + RNP) AB	
160	ANTI-HISTONE AB	
161	ANTI-CENTROMERE AB	
164	ANTI-JO-1 AB	
165	ANTI-SCL-70	
168	ANTI-CARDIOLIPIN AB	
168	ANTI-Ro AB	
169	ANTI-La AB	
130	ANTI-MITG AB	
132	ANTI-SMOOTH MUSCLE AB	
163	ANTI-NEUTROPHIL CYTOPLASMIC AB (ANCA)	
112	COMPLEMENT	
138	C ₃ COMPONENT	
140	C ₄ COMPONENT	
143	C ₃ Q BINDING	
166	RAJI CELL TITER	
144	C ₁ INHIBITOR (ESTERASE)	
✓ 546	IMMUNOFLUORESCENT SKIN TEST	
136	ANTI-EPID CELL AB	
107	LYME AB	
199	OTHER	

COPY

CHARGE DATE			CODE	CHARGE
MONTH	DAY	YEAR	11	
ORDERED BY			DATE COLLECTED	
CLINICAL DIAGNOSIS			MD	LOG NO.

FOR LAB USE ONLY	
150	ANA/LATEX
152	ANTI-MITO/ANTI-SM-MUSCLE
154	COMPLEMENT/ANTI-DNA. ENA
155	COMPLEMENT/ANTI-DNA
156	COMPLEMENT/ANTI-ENA
157	ANTI DNA/ANTI ENA
159	C ₃ + C ₄ COMPONENTS

NOTES

Pos. Anti IgG intercellular. 10/30

006042

12-12 11

MONTEFIORE MEDICAL CENTER BRONX, NEW YORK 10467

AGE: 39

PATIENT NAME : GILADI, RONI
MED REC NUMBER : 900105770
LOCATION : DISM N787A
PHYSICIAN : STRAUCH, BERISH -
SOC SEC NUMBER : 112643264

DATE: 12/14/91 TIME: 1302

PAGE: 1

ELECTROLYTES / GLUCOSE / RENAL

	10-26 mg/dL BUN ---	135-145 mEq/L Na ---	3.5-5.0 mEq/L K ---	24-30 mEq/L CO2 ---	98-108 mEq/L Cl ---	70-115 mg/dL GLUCOSE -----	0.5-1.5 mg/dL CREAT. -----	8.5-10.5 mg/dL Ca ---
DATE TIME 12/09R1241	16.	144.	4.3	26.	109 H	99.	0.8	9.6

	2.5-4.5 mg/dL PHOS -----	2.5-8.0 mg/dL URIC ACID -----
DATE TIME 12/09R1241	2.9	5.3

LIVER PANEL / ENZYMES

	6.0-8.5 g/dL TOTAL PROTEIN -----	3.5-5.5 g/dL ALBUMIN -----	0.2-1.2 mg/dL TOTAL BILI. -----	0.0-0.3 mg/dL DIRECT BILI. -----	30-115 U/L ALK. PHOS. -----	5-40 U/L SGOT -----	5-40 U/L SGPT -----	60-250 U/L LDH -----
DATE TIME 12/09R1241	7.3	4.8	0.6	0.1	46.	17.	16.	160.

	10-100 U/L CPK -----	120-240 mg/dL CHOL. -----
DATE TIME 12/09R1241	43.	182.

ROUTINE URINALYSIS

	APPEAR -----	COLOR -----	SP/GR -----	pH ---	MG/DL PROT -----
DATE TIME 12/09R1432	CLEAR	YELLOW	1.025	5.0	NEG
10/23R1037	CLEAR	YELLOW	1.025	5.0	NEG

(PATIENT REPORT CONTINUED ON PAGE: 2)

006043

PERMANENT CUMULATIVE SUMMARY

MONTEFIORE MEDICAL CENTER

BRONX, NEW YORK 10467

AGE: 39

PATIENT NAME : GILADI, RONI
 MED REC NUMBER : 900105770
 LOCATION : DISM N787A
 PHYSICIAN : STRAUCH, BERISH -
 SOC SEC NUMBER : 112643264

DATE: 12/14/91 TIME: 1302

PAGE: 3

R O U T I N E C B C

	14-18 gm HGB	42-52 % HCT	4.6-6.2 ml/mm3 RBC	78-96 fl MCV	27-31 pg MCH	32-36 gm/dl MCHC	180-400 k/mm3 PLATELET
DATE TIME							
12/09R1224	14.7	42.7	4.88	87.5	30.1	34.4	197.
10/23C1111	14.8	43.0	4.92	87.5	30.1	34.4	

	RDW	PLATELET ESTIMATE	WORKSHEET STORAGE
DATE TIME			
12/09R1224	12.4	NORMAL	17
10/23C1111	12.0		18

W B C + M A C H I N E D I F F

	4.8-10. k/mm3 WBC	% LYMPH	% MONO	% GRAN	k/mm3 LYMPH	k/mm3 MONO	k/mm3 GRAN	k/mm3 EOS	k/mm3 BASO
DATE TIME									
12/09R1224	5.0	18.9	7.5	73.6	0.9	0.4	3.7	<.7	<.2
10/23C1111	5.2	30.2	7.3	62.5	1.6	0.4	3.2	<.7	<.2

M A N U A L D I F F

	40-70 % SEG	20-50 % LYMPH	1-8 % MONO	0-5 % EOSIN
DATE TIME				
12/09R1224	67	22	10H	1

(PATIENT REPORT CONTINUED ON PAGE: 4)

006045

MONTEFIORE MEDICAL CENTER

BRONX, NEW YORK 10467

AGE: 39

PATIENT NAME : GILADI, RONI
MED REC NUMBER : 900105770
LOCATION : DISM N787A
PHYSICIAN : STRAUCH, BERISH -
SOC SEC NUMBER : 112643264

DATE: 12/14/91 TIME: 1302

PAGE: 5

B L O O D B A N K R O U T I N E T E S T S
----------TEST NAME----- 12/02/91
C(1320)

TYPE AND SCREEN

ABO TYPE	AB
RH TYPE	NEG
ANTIBODY SCREEN(IAT)	NEG
DIRECT AHG BS	NEG

006047

MONTEFIORE MEDICAL CENTER

BRONX, NEW YORK 10467

AGE: 31

PATIENT NAME : GIL, DEBRA
 MRN SEC NUMBER : 900105770
 LOCATION : 3500 3500
 PHYSICIAN : STRAUCH, ERIC
 SOC SEC NUMBER : 112643264

DATE: 12/11/99 TIME: 0916

DATE	TIME	TEST NAME	HIGH	LOW	NORMAL	REFERENCE RANGE	UNIT
12/09	1432	URINALYSIS/COMPLETE					
		APPEARANCE	CLEAR				
		COLOR	YELLOW				
		SM					
		SPECIFIC GRAVITY			5.0		
		PROTEIN			1.025		
		GLUCOSE			NEG		MG/DL
		KETONE (ACETONE)			NEG		MG/DL
		COCAIN BLOOD			NEG		MG/DL
		BILIRUBIN			NEG		
		NITRITE			NEG		
		UROSILINCOSE			NEG		
		LEUCOCYTE			0.2		MG/DL
12/09	1320	BLOOD SPECIMEN					
		TYPE AND SCREEN					
		ABO GROUP					
		RH TYPE					
		ANTIBODY SCREENING					
		DIRECT AND IN					
12/09	1313	SYPHILIS SCREEN - V					
12/09	1241	ADMISSION SURVEY					
		UREA NITROGEN			16.	10-26	MG/DL
		SODIUM			144.	135-145	MG/DL
		POTASSIUM			4.3	3.5-5.0	MG/DL
		CO2			26.	24-30	MG/DL
		CHLORIDE	109H			98-108	MG/DL
		GLUCOSE			99.	70-115	MG/DL
		CREATININE			0.8	0.5-1.5	MG/DL
		CALCIUM			9.6	5.5-10.5	MG/DL
		INORGANIC PHOSPHO			2.9	2.5-4.5	MG/DL
		URIC ACID			5.3	2.5-8.0	MG/DL
		TOTAL PROTEIN			7.3	6.0-8.5	MG/DL
		ALBUMIN			4.8	3.5-5.5	MG/DL
		BILIRUBIN TOTAL			0.6	0.2-1.2	MG/DL
		BILIRUBIN DIRECT			0.1	0.0-0.3	MG/DL
		ALKALINE P'TASE			46.	30-115	MG/DL
		SGOT			17.	5-40	MG/DL
		SGPT			10.	3-40	MG/DL
		LACTIC DEHYDROGEN.			150.	60-250	MG/DL
		CPK			43.	10-100	MG/DL
		CHOLESTEROL			192.	120-240	MG/DL
12/11/99	1224	CD4 T4					
		HGB			5.0	11.6-16.0	MG/DL
		HCT			15.5	37.5-47.5	MG/DL
		MCV			11.7	86-101	MG/DL
		RDW			12.7	11.6-14.0	MG/DL
		PLT			122	100-400	MG/DL

006048

CLINIC/PHYSICIAN COPY